



Application for Admission

Mission Statement

To grow children in the truth of God's word and His love for them.

12 Academy
5501 South Post Road
Oklahoma City, OK 73150
Phone: 405-534-0469 Email: 12academy226@gmail.com

www.12-academy.com



A Fee of \$100.00 must accompany this application

Application for Fall Spring of school year _____ applying for grade _____

Applicant's Name _____
LAST FIRST MIDDLE PREFERRED NAME

STREET _____ APARTMENT _____

CITY STATE ZIP PHONE

DATE OF BIRTH _____ MALE FEMALE

Ethnic background (OPTIONAL for demographic reporting purposes): African-American Hispanic Caucasian
 Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander Two or more races

Applicant lives with (check all that apply): Mother Father Legal Guardian
 Stepmother Stepfather Other _____

Applicant's Parent (s): Married Separated Divorced Deceased
If divorced, which spouse holds legal responsibility for school decisions? _____
(Please submit copies of all court documents regarding custody and educational decisions along with the application.)

Current Church _____

FATHER'S INFORMATION

Dr. Mr. Other _____ Relationship to Applicant Father Stepfather Legal Guardian

Parent/Guardian _____

Home Address _____ LAST FIRST MIDDLE PREFERRED NAME
City _____ ST _____ ZIP _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Place of Employment _____ Position _____

Business Address _____ City _____ ST _____ ZIP _____

Email _____

MOTHER'S INFORMATION

Dr. Mrs. Ms. Other _____ Relationship to Applicant Mother Stepmother Legal Guardian

Parent/Guardian _____

Home Address _____ LAST FIRST MIDDLE PREFERRED NAME
City _____ ST _____ ZIP _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Place of Employment _____ Position _____

Business Address _____ City _____ ST _____ ZIP _____

Email _____

The two factors most influencing us to apply to 12 Academy (please circle only two):

- Academic Reputation Christian Philosophy Desire to Attend a Private school Displeasure with Local Schools
 Location

Is this applicant eligible to return to his/her current school? Yes No

Has your child ever been suspended from any school or asked to leave? Yes No

Please explain: _____

I/We hereby authorize 12 Academy to obtain all scholastic information and files from all previous schools. Yes No

Has the applicant received special help for reading or learning difficulty? Yes No

Has the applicant been diagnosed with ADD or ADHD? Yes No

Is the applicant presently taking any medication? Yes No If yes, what? _____

Describe any illness, diseases, or physical disabilities that either have affected or may affect your child's general health, school work or participation in the school's physical wellness programs. Are there currently any behavioral, psychological or educational evaluations, treatments, or interventions?

Please include your parental perspective on your child. Include your child's strengths and abilities, special interests, areas of concern and his/her relationship with God. We appreciate your assistance in helping us to know your child better.

Grandparents' Name(s) and Complete Address(es) including first and last names and zip code(s)

Parent/Guardian Signature: _____

Date: _____
